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ABSTRACT

Although there are few studies that include empirical information on the subject of counseling American Indians, an informative and provocative literature base exists. The literature deals with appropriateness of techniques, the delivery of mental health services, the operation and programming of Indian service delivery units (including Indian paraprofessionals and traditional healers), program concepts involving collaborative efforts and use of specialized techniques, encapsulation (including a disregard for cultural variations among clients) of counselors of American Indians, and culturally effective counseling. However, despite the fact that journals are published monthly on research into the counseling process, comparison of various techniques available, and counseling special populations, it is questionable whether the counseling profession can claim a data base firm enough to support any generalized theory. This is due to methodological difficulties and theoretical disagreements in the field. The availability of community-based research paradigms and an illuminative evaluation technique (Dinges, Trimble, Manson, and Pasquale) provide the researcher with adequate directives to avoid methodological pitfalls. The awareness and flexibility demanded of the scientists in conducting ecological research necessitates collaboration with fellow professionals and the community. (CM)

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Counseling With American Indians: A Review of the Literature With Methodological Considerations

Within the past two decades a new-found interest in ethnicity, cultural origins and unique needs of culturally-diverse peoples found its way into backyard conversations, classroom discussion, political maneuverings and the psychologist's office. The interest in culture spawned a concern in the social and behavioral sciences that up until the early 1960's was almost the exclusive province of anthropology. Indeed, the social protests of the 1960's and 1970's nudged many academic disciplines to provide room to include culture and ethnicity, with all of their trappings, into course content.

The past decade witnessed an increasing interest in developing services for culturally-unique clients from a perspective that accommodated the life-style orientation and ethos of a client's culture. Mental health and alcohol and drug abuse services began recognizing the importance of developing programs where the nature of the services responded to culturally-different perspectives (cf. Trimble & Manson, 1980).

Against this somewhat refreshing change in orientation we find a wealth of suspicion, uncertainty and rigidity. The persistence of these perspectives can be found in the concepts of mainstreaming traditional clinical dogma and pressures to maintain conventional treatment modalities. Few clinical and service-oriented "traditionalists" actually confront the "culturalists" in open forum and debate.

To the contrary, "traditionalists" or "mainstreamers" tend to tolerate the cultural push even to the extent of giving it some lip service and mild mannered polite attention.

One possible explanation for the apparent lack of debate is the distinct lack of factual information against which one can build a cogent argument. The field of cross cultural counseling in general and particularly with American Indians consists principally of rhetoric, anecdote, recommendation, review, consciousness raising and hypothetical speculation. And, as we shall soon hear, there is an almost complete absence of empirical information on the subject of counseling American Indians.

In this paper the nature of the cross-cultural counseling data base will be explored. Topics will range from a review of the core literature themes to recommendations for future research efforts.

Core Topics in the Literature

At present there are no less than a half dozen books written on the subject of cross-cultural counseling. The contents range from a comprehensive set of readings edited by Henderson (1980) to individually prepared chapters in Pedersen's et al. (1981) revised edition of Counseling Across Cultures. Upon reviewing these texts one notes the almost distinct absence of research findings to substantiate claims, hypotheses, recommendations and assertions about some distinct component and process of counseling. Authors, in many cases, present good arguments and occasionally substantiate an argument through use of ethnographic findings and experientially grounded clinical findings.

Now if the cross-cultural counseling research base is limited imagine the base existing for counseling American Indians. In point of fact, there are but a handful of studies that include empirical based findings in the context of articles on counseling American Indians. The almost distinct absence of hard data is good reason for concern, if for no other reason than to make sense out of the questions, "How does one counsel the American Indian . . . with what technique? . . . with what expected outcomes?

The absence of the data base doesn't mean that relevant useful information is nonexistent. Quite the contrary, a literature base exists that is extremely informative and provocative despite the level of conjecture and speculation. A summary of the topics might prove instructive.

Appropriateness of Techniques

One theme emphasizes that conventional counseling techniques can be inappropriately adapted for use with certain American Indian groups (Spang, 1965; Red Horse et al., 1978). On the one hand, like many first time clients, some Indian clients simply may not know what to expect--a client's silence and apparent nonattentiveness could be construed as hostility (Jilek-Aall, 1976). This lack of familiarity contrasts with certain experienced Indian clients--client behavior conforms to the counselor's ethnocentric expectations of "good client behaviors" (cf. Goldstein and Stein, 1976). In the latter instance, little if any conflict-reduction or problem solving occurs as the client is merely role playing and not being helped by the relationship.

In either instance, an internalization of appropriate client-like behavior fails to occur, presumably deriving from the incompatibility between the counselor's technique and the client's cultural orientation.

Another topic emphasizes providing alternatives for use in counseling American Indians as one solution to preventing intercultural conflict. Thus far, however, few culturally-appropriate techniques have been developed. In the Southwest, Youngman & Sadongei (1974) recommend that counselors focus on traditional mannerisms to guide their interactions with Indian youth. Jikek-Aall (1976) and Attneave (1969) urge clinicians to focus on family dynamics when working with Indian clients; Attneave points out that family network counseling actually mobilizes relatives and friends into a social force which serves to counteract client depersonalization and isolation. Jilek-Aall suggests that a use of mythological themes through storytelling can provide a medium where a client can identify symptoms by express personal customs towards story themes.

Delivery of Mental Health Services

The delivery of mental health services to Indian communities receives some noticeable attention. Themes include basic issues emphasizing program inadequacies and needs and descriptions of unique programs. Certainly one finds the few articles discussing the underutilization of available services (Torrey, 1970, 1972; Sue, Allen & Concuway, 1978) a finding unique to all ethnic-minority groups (Sue, 1977).

Underutilization describes the circumstances, however the causes underlying these patterns are varied. Hippler (1975) argues that Eskimos, for example, fail to respond to mental health care systems because of their intrinsic belief in magic. He further argues that Eskimos will continue to be nonresponsive to care as long as magic-thinking and beliefs in traditional healers persist.

Beliefs about the effectiveness of mental health care staff are viewed as a major stumbling block in use patterns among a sample of Navajo (Schoenfeld, Lyerly & Miller, 1971). Patient referrals seemed to be directly related to the attitudes program staff held toward the care providing agencies. For example, few, if any clients, were referred to the BIA program as attitudes towards staff were largely negative. Further, while the Mental Health Staff were viewed positively, a great deal of mistrust existed between them and other agencies. Interagency suspicions hampered effective delivery of services in the communities.

Urban Indian leaders and community members also share a mutual concern about mental health conditions and availability of services (Borunda & Shore, 1978). According to Barter and Barter (1974) urban Indians believe that their mental health needs are not being adequately met and the federal government shares in the responsibility in providing facilities. What services are available are viewed with suspicion and hence are underutilized.

Nonurban and off-reservation Indians apparently experience problems similar to their urban counterparts. Thomas Biltker (1973)

reported, following a survey of Phoenix area service delivery facilities, that off-reservation Indians have ambiguous status; governments typically considered them to be outside the realm of responsibility. Nonetheless, their needs for services are as great as those Indians from other settings; and they may be even greater considering the limited services available to them.

Indian Paraprofessionals and Traditional Healers

Many recommendations concerning the operation and programming of Indian service delivery units have been introduced. The two which receive the most support call for more local Indian control (Ostendorf, 1977) and establishing and directing centers from a cross-cultural perspective (Westermeyer & Hausman, 1974). Both indeed are simplistic in concept but complicated to implement efficiently and effectively. Indian control implies, for example, that there are a number of trained Indian mental health administrators and clinicians.

Two promising options have been proposed and in some catchment areas developed and implemented. Bergman (1974) advocated the use of Indian paraprofessionals working in collaboration with non-Indian professionals. Such an effort promotes a number of culturally appropriate ventures, not the least of which is making professionals ever conscious of the bicultural demands of their clients and staff. In a similar vein, Attneave (1974) strongly urged mutual collaboration between traditional healers and non-Indian professionals.

Despite the many criticisms about the collaborative efforts, a few programs along these lines have been initiated and are working

successfully. In 1969, at the Boarding School in Toyei, Arizona under the collaborative guidance of Indians and non-Indians a parenting project was initiated. Navajo houseparents were employed to work closely with students, especially in teaching them traditional skills. The program has been quite successful in keeping emotional problems at a minimum and in improving certain academic skills (Goldstein, 1974). A similar concept was initiated in Portland (Shore & Nicholls, 1977). Essentially, Indian juvenile offenders were assigned to a group home where treatment and support were provided in many instances involving the parents and relatives.

A number of articles exist describing unique program concepts involving collaborative efforts and use of specialized techniques. Attneave (1969) advocates the use of network therapeutic techniques in clinical settings. Involvement of family members, conceivably even clan members, can assist the troubled family in making transitions, provide positive, healthy role models and promote family cohesion. Murdock and Schwartz (1978) substantiate Carolyn Attneave's arguments and propose more family involvement in providing care, especially for Indian elderly (cf. Cooley et al., 1979).

Bloom and Richards (1974) and Kinzie et al. (1972) describe mental health delivery efforts in Alaska and among Pacific Northwest coastal tribes respectively. In both articles, emphasis is placed on developing programs responsive to the culturally unique needs of community members, promoting close interaction with local staff and fostering Indian control and management of services.

Certainly the contents of the literature on the delivery of mental services to Indian communities and the counseling process is quite limited in contrast to the fields as a whole. We have to remember, nonetheless, that interest in counseling American Indians is of recent vintage--interest on any social issue seems to begin with an assortment of articles describing the state of affairs and perhaps that is as it should be.

Encapsulation of Counselors of American Indians

A discussion involving counseling the American Indian invariably includes the role of the counselor. Is counseling the American Indian best facilitated by use of indigenous counselors alone, Anglo counselors or Anglo counselors working in tandem with Indian paraprofessionals? Such questions are fundamental to the field of cross-cultural counseling and are typically discussed under the category of "cultural encapsulation."

As the counselor faces a life style different from his or her own for any length of time he or she goes through a process of acculturation, which may result in: (1) cultural assimilation, where the dominant culture enforces its adoption; (2) integration, where the "best" elements of another culture are incorporated; and (3) adaptation, where the individual or group accommodates and assimilates the foreign environment. The person undergoing acculturation must first recognize his/her own style of behavior, attitudes, beliefs and personal assumptions that will allow him/her to experience another culture as a means of learning about that culture. Otherwise, the therapist may

substitute his own criteria of desired social effectiveness for alternative criteria more appropriate to a client's environment (Kanfer and Phillips, 1970). Bloombaum, Yamamoto and James (1968) describe ways in which psychotherapists are culturally conditioned in their responses. Other research reveals how cultures either directly or unconsciously condition client responses to suit their theoretical orientation (Bandura, Lipher and Miller, 1960; Murray, 1956; Rogers, 1960; Bandura, 1961).

Wrenn (1962) described encapsulation as a process affecting the counseling profession through disregarding cultural variations among clients in a dogmatic adherence to some universal notion or truth, threatening the insecure professional with his/her own failure to communicate and dogmatizing a technique-oriented definition of the counseling process. Kagan (1964) and Schwebel (1964) further suggest that counselor education programs may actually be contributing to the encapsulation process, implanting a cultural bias, however implicit such a bias may be, in their curricula.

Counselors and clinicians who are most different from their clients, in race and social class, have the greatest difficulty effecting constructive changes, while counselors/clinicians who are most similar to their helpees in these respects have the greater facility for appropriate helping (Carkhuff and Pierce, 1967). Mitchell (1970) goes so far as to say that most white counselors cannot be part of the solution for a black client since the latter are so frequently part of the problem. Radical blacks likewise assert that the white

mental health worker cannot successfully counsel the "Black Psyche." Similarly, Ayres (1970) and Russell (1970) describe an implicit or sometimes explicit bias in the counseling process itself that is frequently perceived as demeaning, debilitating, patronizing and dehumanizing.

Cultural sensitivity relates to an awareness of indigenous resources within the other culture. Torrey (1970) gives an example of why urban Mexican-Americans fail to utilize modern mental health services, even when available. The westernized systems are irrelevant because they are inaccessible, are inhibited by a language problem, are class bound with the quality of treatment dependent on the individual's class, are culture bound and insensitive to the indigenous world view, are caste bound relating primarily to the ruling Anglo community and because the indigenous alternatives are more popular. Trimble (1976); Saslow and Harrover (1968); Suchman (1964); Spang (1965); Bryde (1971); Morales (1970); and Madsen (1969) likewise describe the types of problems and resources unique to the various ethnic groups but frequently overlooked by insensitive counselors. Each life style provides its own structures, rules and mechanisms to cope with aggression and anxiety; and while they may differ from one another, they are able to promote and preserve mental health within that particular community (Mechanic, 1969; Glazer and Monihan, 1963).

There are no surveys indicating how many professional mental health workers actually serve the mental health needs of American Indians and Alaska Natives. Nor are there any data which give a

clear idea of how many current Anglo mental health workers have received training in cross-cultural counseling or who have participated in, for example, workshops aimed at increasing intercultural sensitivities. It may be both sufficient and safe to say, however, that: (1) many Anglo professionals must, by virtue of their employment, work with clients from differing cultural backgrounds; (2) it can be assumed that such workers make efforts toward intercultural understanding; and (3) many times these efforts fail because of a lack of training they have received in the area.

The above factors are being taken increasingly seriously. It is now implicitly if not explicitly realized that if sufficient numbers of members of specific ethnic groups cannot be trained to work within their own groups, then a more enlightened and culturally sensitive aspect of "mainstream" counselor training programs must carry out much of the responsibility. A variety of authors have recently outlined problems and programs concerning the training of culturally effective counselors. One of the more recent articles outlines some of the characteristics that a "bilingual-multicultural education" program might have (Arredondo-Dowd & Gonsalves, 1980). With the exception of the bilingual aspect of their guidelines, the list of attributes that should characterize a culturally effective counselor, specifically, counselors should be able to: "(1) assess the appropriateness of the counseling approach regarding culturally different clients; (2) develop appropriate counseling interventions to stimulate personal growth; and (3) work directly with the community

in identifying and using cultural resources that may better facilitate the counseling process" (pp. 659-660). While not exhaustive, the competencies recommended by Arredondo-Dowd and Gonsalves point to a consensual direction, certainly one expected to be realized by anyone contemplating training counselors of American Indians.

Research and the Future of Counseling American Indians

We are at a point in the history of cross-cultural counseling where research must be generated to substantiate rhetoric--we can no longer argue, for example, that only Indians can be effective counselors of Indians without some demonstrated proof of this supposition. Further, we can no longer be casual about recommending use of traditional healers without generating a data base substantiating the successes and failures. What we need is a strong data base. However this may not be easy to come by when we examine the data base in the counseling field in general.

The paucity of research on counseling American Indians is not surprising when one considers the state of counseling research. Although there are journals published monthly devoted to the research of the counseling process, the comparison of the various techniques available, and even entire sections devoted to counseling special populations, we seriously question whether the counseling profession can claim a data base firm enough to support any generalized theory. This is partly due to the methodological difficulties (measurement, control, etc., cf. Maguire, 1973), but also the theoretical disagreement which exists in the field. This observation, however, should

not be construed as counseling research's failure but rather it should emphasize a crucial, but often overlooked, parameter of psychological research: Theory generates data, not vice versa. Certainly there is an exchange between data and theory, but data only alters the surface of functional axioms of a theory, it cannot challenge the basic presuppositions. Counseling research cannot be anything more than the justification and extension of a counseling theory. The hope of generating a bowl full of data out of which will emerge a theory or psychology of the American Indian is purely an example of naive and empty empiricism. This is not to imply that research is unnecessary, on the contrary. Research is essential for the maturity of theory and, most assuredly, its development, extension and application. What is implied is that we approach research in an entirely different manner than what most of us have been trained to do. Instead of conceiving research and its data as the building blocks of truth, knowledge and reality, we need to be pragmatists and use research to evaluate the effectiveness of our counseling and mental health programs in particular specified settings. This is exactly what the "ecological" movement in the social sciences attempts to do. Social and community psychologists have left the confines of the university and entered the communities they wish to research with the intent of not only collecting data but contributing to solving some of the community's problems in the process.

In 1977, a special issue of the Journal of Social Issues (Vol. 33) was devoted to research among racial and cultural minorities, its

problems, prospects and pitfalls. One of the guest editors, Daniel Montero, in an overview of the volume points out the consistent themes and the necessity to gain acceptance of the community under study, the need for relevant theory regarding minority populations, the use of field and survey methods which involve the community members while maintaining a sensitivity to reliability and validity of the measures used, and the continual awareness of ethical, political and ideological concerns which are present in such approaches. Concerning research in American Indian communities, in this edition Trimble (1977) emphasizes the need for the scientist to view him or herself as a "sojourner" into a (often resistant) community where one must establish trust to the point where he or she and the residents are mutual beneficiaries. Three examples of research projects conducted with Indian communities are summarized where the procedures were sensitive to the cultural milieu of the community. Four aspects of the culturally sensitive methodology were identified as (1) obtaining consent and cooperation of the community, (2) formation of an advisory committee comprised of the research team and community leaders to review the project throughout its process, (3) preparation of culturally sensitive instruments and/or selection of trained indigenous bilingual interviewers for the data collection, and (4) providing feedback and implementation of the results for improvement of community programs. Certainly these are excellent suggestions to guide methodology in all research with racial and cultural minorities.

Dinges, Trimble, Manson and Pasquale (1979) in a recent article recommended use of "illuminative evaluation" for appraising American Indian counseling programs, whether training or practice. They state that, "The primary aim of an illuminative evaluation is to describe and analyze what it's like to participate in the program, whether as an instructor, trainee or client. A secondary and closely related aim is to identify and refine understanding of the program's most significant and salient features, recurring elements, commitments, effectiveness and critical processes," (Dinges et al. 1979, p.44). Continuing, Dinges et al. point out that such a research approach necessitates using techniques from anthropology, sociology and psychology. The units of analysis, the assessment tools, and the plan of implementation should all reflect the training or service environment and be flexible enough to adjust while the program's own effect on the community is being monitored. An application of illuminative evaluation to an Indian Alcoholism Counseling Program is described and exemplifies how such an approach led to the identification of key elements which contributed to the high responsiveness of community members to training and counseling. The dynamic nature of this research process allowed for changes in the program content and administrative procedures to be sensitive to the local community ethos. Indeed, the availability of community based research paradigms such as those provided by Trimble (1977) and the illuminative evaluation technique just described provide the researcher with adequate directives to avoid the methodological pitfalls described earlier.

Implicit in this discussion concerning methodology in counseling and mental health research is a theoretical orientation which needs to be specified. As stated earlier, theory guides the collection of data and the perspective which has generated these innovative designs is one of social ecology through the recognition of cultural pluralism. In other words, the researcher is aware that s/he is a member of a cultural context which is dynamic, or always changing, and pluralistic, or made up of many cultural perspectives. For the case of research with racial and cultural minorities s/he must be alert to the majority culture which, among other things, demands legitimization of minority/indigenous forms of health care, treatment, etc. Similarly, s/he is expected to be an agent of social change and innovation which will benefit the community s/he is researching. This awareness and flexibility (ability to wear many hats) demanded of the scientist to conduct ecological research necessitates collaboration with fellow professionals and the community.

Future Research Prospects

As we gear up efforts to explore and research a host of plausible topics in cross-cultural counseling researchers must be mindful that certain basic assumptions must be dealt with. Wandering off and testing an atheoretical hypothesis will do little for the discipline.

Research efforts can begin just about at any point but perhaps the most logical is to test hypotheses put forth by contemporaries and proponents of the field. We believe a good logical beginning is to put to test a number of "protohypotheses" offered by Norm Sandberg

(1981). Some of these are here offered for discussion:

"Entry into the counseling system will be affected by cultural background, acculturation and socialization toward seeking help; awareness of such cultural screening and the symbolic meaning of help-seeking will enhance the effectiveness of the counseling program.

"The effectiveness of intercultural counseling will be enhanced by the counselor's general sensitivity to communications, both verbal and nonverbal, and by a knowledge of communication styles in other cultures.

"Specific background and training in cross-cultural interactions similar to the counseling one and an understanding of the day-to-day living problems in other relevant cultures as compared with one's own will enhance the effectiveness of intercultural counselors.

"The effectiveness of intercultural counseling will be increased by mutual knowledge of the values and assumptive frameworks of the culture of the client's origin in relation to the cultures of the present and future fields of action.

"Intercultural counseling is enhanced by the knowledge of the client's degree of identification with the

relevant cultures and the use of cultural reference groups which are most important for the client.

"The effectiveness of intercultural counseling is increased by counselor awareness of the process of adaptation to the stress and confusion of moving from one culture to another (system boundary crossing) and by consideration of the skills required to gain mastery over the new system.

"Culture-specific modes of counseling will be found that work more effectively with certain cultural and ethnic groups than with others (pp. 10-26)."

Summary

The field of cross-cultural counseling is expanding rapidly. And, too, interest in counseling American Indians is rising along with the general interests. What makes this exciting is that at last presumably counselors and clinicians take culture and ethnicity seriously. Recent apparent emphasis on ethnicity, however, raises the profound notion that cultural orientations are important aspects in providing for and delivering effective mental health services. Indeed, the constructs of "healthy" and "normal," traditional guiding factors in providing mental health services, are not commonly shared among many clients. Ethnocentric notions of adjustment, adaptation and coping tend to ignore diverse cultural orientations. And, to some extent, many of the theoretical orientations governing

treatment approaches are presumptuous--they preclude the possibility that cultural groups do not have the traditional resources for dealing with human difficulties.

What are the different ways that cultural backgrounds shape interpersonal relationships? How does ethnicity and cultural diversity influence counseling transactions? How can counselors evaluate their own cultural bias? Is counseling itself, as a way of helping others, culturally encapsulated? If so, should it retain primarily a unicultural focus. A string of related questions can be asked. Whatever form they take, however, they are not new to the field of mental health in general. On the other hand, the questions and concerns <u>are</u> new to the field of psychological counseling. Far too many counselors have ignored or avoided cultural differences. Some prefer to deal with cross-cultural issues at the academic level while very few attempt to sensitize students, trainees and other counselors to those cultural concerns. Whatever the case, we need to begin generating supportive data against which we can reflect the use of counseling styles and strategies in culturally unique settings. Simply asserting that culture makes the difference, one should be aware, is no longer <u>solely</u> acceptable.

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